

EMPLOYER TESTING PROGRAM REQUEST FOR REINSTATEMENT-EXAMINER

FOR DMV USE ONLY		
APPLICATION APPROVED	EFFECTIVE DATE	
APPROVED BY	DATE	

TRAINING FEE \$150.00

I am requesting reinstatement of my examiner eligibility. I have held a California for three years in the class of license listed below (requested class of testin actions against my CDL (i.e., suspended, revoked, cancelled, or on probation	ng authority), and do not have any
☐ Class A non-passenger vehicle	
☐ Class A tractor trailer bus	
☐ Class B non-passenger vehicle	
Class B bus or van which is:	
designed to carry 11-15 passengers, including the driver (Restriction	74 or 75)
designed to carry 16 or more passengers, including the driver, with a less (Restriction 76)	GVWR of 26,000 lbs. or
designed to carry 16 or more passengers, including the driver, with a more	GVWR of 26,001 lbs. or
I also understand that I must complete a DMV sponsored examiner training	ng class to be reinstated.
I request to attend the DMV sponsored examiner training class shown below.	
LOCATION	DATE
LOCATION (FIRST CHOICE)	DATE
LOCATION (SECOND CHOICE)	DATE
I have enclosed the required training fee of \$150.00.	
EXAMINER'S NAME	HOME PHONE NUMBER
DRIVER LICENSE NUMBER	WORK PHONE NUMBER
EXAMINER'S MAILING ADDRESS CITY	STATE ZIP CODE
EMPLOYER'S STREET ADDRESS (IF DIFFERENT FROM MAILING ADDRESS) CITY	STATE ZIP CODE
I certify under penalty of perjury under the laws of the State of Californ correct, and that I am the examiner for the above named employer(s), a commercial driver license with any appropriate endorsement(s) and/or remy company's vehicle(s).	nd have the appropriate class of
EXAMINER'S SIGNATURE	DATE
<u>K</u>	

Upon request, this document can be produced in Braille or large print. Phone services to DMV employees are available for the deaf or hearing impaired by calling (916) 657-5616 (TDD phone), or the California Relay Telephone Service at 1-800-735-2929 (TDD phone) and 1-800-735-2922 (voice phone).